	PAIENI	Effec		mber 8, 2		ION REC	JHU		. 10	S	2)7	34	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIM	S						RATE	FEE	7	RATE	FEE	
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FE	E 150.0	OF	BASIC FE			
T	DTAL CHARGE	16 1	minus 20=		•		X\$ 25=		OF	X\$50=	1		
IN.	DEPENDENT (2 minus 3 =					X100=	#	OR	X200=	 		
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT					+180=	1	1			
* If the difference in column 1 is less than zero, enter "0" in column 2							' ł	TOTAL		OR	<u> </u>		
CLAIMS AS AMENDED - PART II								IOIAL	i	OR		THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		ENTITY	
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	1.16	Minus	2	\geq		$\vdash \vdash$	X\$ 25=	 	OR	X\$50-		
AME	independent	. 2	Minus	4.3		=	1	X100=		OR	X200-	<u> </u>	
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	+180=	 	1	+360=		
				٠			L	TOTAL		OR	TOTAL		
	-	(Column 1)		(Calum	0\	(Caluma 0)	A	DDIT. FEE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID FI	ST ER JSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
200	Total	•	Minus	,		=	:	X\$ 25=		OR	X\$50=		
AME	Independent	•	Minus			=		X100=		OR	X200=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	CLAIM			+ <u>1</u> 80=		OR	+360=		
							L_ AD	TOTAL DIT. FEE		OB L	TOTAL ODIT, FEE		
		(Column 1)		(Column	12)	(Column 3)	~	DII. FEE			ODII. PEEL		
MINICINDIMENT C		CLAIMS REMAINING AFTER, AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
<u>.</u>	Total	4	Minus	**		=	X	\$ 25=		ОЯ	X\$50=		
	Independent	*	Minus	***		E .	T,	(100=		r	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>			OR L			
the production of the face than the expectation of the face that the second of the face than the expectation of the face that the expectation of the										+360=			
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE													
Ţ	he "Highest Num	ber Previously Paid	For (Total or	o araue is it independent	sss man) is the f	3, emer 3.* highest number (ropriate box				

FORM PTO-875 (Rev. 10/04)

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